

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	435
Suggested Group Art Unit::	1650
CD-ROM or CD-R?	Listing
Number of CD disks::	1
Number of copies of CDs::	0
Sequence submission?::	Paper
Computer Readable Form (CRF)::	Yes
Number of copies of CRF::	1
Title::	Diagnosis and Treatment of Multiple Sulfatase Deficiency and Other Sulfatase Deficiencies
Attorney Docket Number::	0403
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	6
Total Drawing Sheets::	9
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country:	Germany
Status::	Full Capacity
Given Name::	Kurt
Middle Name::	
Family Name::	von Figura
City of Residence::	Gottingen
State or Province of Residence::	

Country of Residence:: Germany
Street of mailing address:: Hainholzweg 30
City of mailing address:: Gottingen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 37085
Applicant Authority type:: Inventor
Primary Citizenship Country: Germany
Status:: Full Capacity
Given Name:: Bernhard
Middle Name::
Family Name:: Schmidt
City of Residence:: Gottingen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Duestere Eichenweg 38
City of mailing address:: Gottingen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 37073
Applicant Authority type:: Inventor
Primary Citizenship Country: Germany
Status:: Full Capacity
Given Name:: Thomas
Middle Name::
Family Name:: Dierks
City of Residence:: Gottingen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Stumpfe Eiche 89
City of mailing address:: Gottingen
State or Province of mailing address::
Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 37077

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Michael W.

Middle Name::

Family Name:: Heartlein

City of Residence:: Boxborough

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 167 Reed Farm Road

City of mailing address:: Boxborough

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 01719

Applicant Authority type:: Inventor

Primary Citizenship Country: Italy

Status:: Full Capacity

Given Name:: Andrea

Middle Name::

Family Name:: Ballabio

City of Residence:: Naples

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Via Francesco Petrarca, 93/13

City of mailing address:: Naples

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address:: 80122

Applicant Authority type:: Inventor

Primary Citizenship Country: Italy

Status:: Full Capacity

Given Name:: Maria Pia

Middle Name::
Family Name:: Cosma
City of Residence:: Naples
State or Province of Residence::
Country of Residence:: Italy
Street of mailing address:: Largo Ecce Homo, 2
City of mailing address:: Naples
State or Province of mailing address::
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: 80134

Correspondence Information

Name:: Konstantinos Andrikopoulos
Street of mailing address:: Transkaryotic Therapies, Inc.
700 Main Street
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139
Telephone:: (617) 613-4255
Fax:: (617) 613-4494
E-Mail address:: kandrikopoulos@tktx.com

Representative Information

Representative Designation::	Registration number::	Name::
Primary	48915	Konstantinos Andrikopoulos

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/447747	02/11/03

Assignee Information

Assignee Name:: Transkaryotic Therapies, Inc.
Street of mailing address:: 700 Main Street
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02139